



STATE OF TENNESSEE
TENNESSEE STUDENT ASSISTANCE CORPORATION
SUITE 1950, PARKWAY TOWERS
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<http://www.state.tn.us/tsac>

DEPENDENT CHILDREN'S SCHOLARSHIP APPLICATION

Applicant must be a Tennessee resident and a dependent of law enforcement officer, fireman or emergency medical service technician that was killed or permanently disabled due to an incident that occurred in the line of duty while employed in Tennessee. Applicant must also complete a Free Application for Federal Student Aid (FAFSA). Please type or print in ink. **Application deadline is July 15.**

1. Name _____

2. Social Security No. _____ 3. Date of Birth _____

4. Permanent Address _____
Street City State Zip Code

5. Telephone (____) _____ 6. County of Legal Residence _____

7. College or University you plan to attend _____

8. Name of Deceased/Permanently Disabled Parent _____

9. Name and address of the employer of parent listed and position held at the time of the death or disability.

Employer

Address City State Zip Code

Please provide a copy of any newspaper article, disability certification, or obituary notice that documents the employment and circumstances of the parent listed above. All information must be provided in order to have your application processed.

10. Name of living parent _____ 11. Telephone (____) _____

12. Address _____
Street City State Zip Code

We authorize the release of any records necessary to support this application.

Signature of the Applicant _____ Date _____

Signature of Parent _____ Date _____